

Graduate Nursing Program
Avera Science and Nursing Center #110

Mount Marty Nursing Division 1105 W. 8th Street Yankton, SD 57078-3725

Phone: (605) 668-1435 Fax: (605) 668-1618

PRECEPTOR VERIFICATION FORM

If you are applying for recertification by continuing education and are claiming preceptor hours to meet requirements, please complete this form. Please print clearly.

Pre	eceptor Name:
Ad	dress:
Ce	rtification Specialty:
•	The individual named above has served as a preceptor for a Mount Marty Student for hours.
•	The specialty area of the this preceptor was:
•	The dates for preceptorship were from: to
	My signature on this form attests to the fact that the above-named preceptor has completed the number of preceptor hours listed above and I have reviewed the information provided here and verify it is accurate.
•	Name of the institution/facility in which the preceptorship occurred:
•	Name of the Educational Institution for which the preceptorship occurred: Mount Marty College
•	Program Address: 1105 West 8 th Street, Yankton, SD 57078
•	Telephone #: 605-668-1435
Fac	culty & Credentials: (Please Initial)
	Carol Stewart, DNP, CNP, FNP-BC – FNP Clinical Coordinator
	Ashlyn Johnson, DNP, APRN, FNP-BC, PMHNP-BC – PMHNP Clinical Coordinator
Sig	nature: Date:

Mission Statement